



FY2005 Residential Exemption Documentation

To qualify for the FY05 residential exemption, you had to own and occupy your property on **January 1, 2004**. To confirm your residency, you must submit a copy of at least two (2) of the following documents that the Board will retain with your application. **Submitted documents are not open to public inspection.**

-Automobile Registration showing your name at the address in question with an effective date prior to **01/01/04**.

-phone bill addressed to you at the property in question covering the period, which includes **01/01/04**.

-other utility bill, (gas, electric, or cable television) addressed to you at the property in question covering the period, which includes **01/01/04**. Note that utility bills must show where the bill was sent not just where the service is provided, (you may need to contact your utility company). Water bills are not acceptable.

-verification of voter registration showing your name and the property in question with a date prior to **01/01/04**.

-bank statement addressed to you at the property in question covering the period, which includes **01/01/04**. Feel free to white out financial information.

-**Calendar 2003** Federal or State income tax form filed. The form must be a copy of the form actually filed showing your name and the address in question on the front side and show your signature or your accountant's signature on the backside. You do not need to submit copies of other schedules and should feel free to white out financial information.

-Other documentation acceptable to the Somerville Board of Assessors.

Please note that the Somerville Board of Assessors reserves the right to ask for additional documentation.

**RESIDENTIAL EXEMPTION
THE COMMONWEALTH OF MASSACHUSETTS**

City of Somerville, 93 Highland Ave., Somerville, MA 02143
NAME OF CITY OR TOWN

**APPLICATION FOR RESIDENTIAL EXEMPTION
MUST BE FILED WITHIN 3 MONTHS AFTER THE DATE THE TAX BILL WAS SENT.**

The undersigned being aggrieved by the failure to receive a residential exemption on real estate
situated at: _____ for fiscal year: _____ hereby applies
for such an exemption. Home Phone: _____ Work Phone: _____

STATEMENT OF FACTS

Name(s) of record owner(s): _____

Name of applicant: _____

Was the real estate owned and occupied by you as your principal residence on January 1, _____?

YES _____ NO _____ Date Acquired : _____ How Acquired _____

(by purchase, inheritance, foreclosure, gift, etc)

Do you own or partially own any other real estate? YES _____ NO _____ If yes, please list address

Have you ever received a residential exemption in any other city or town? If so, give the address of the property and the
year(s) in which the exemption was received. _____

Will you receive or have you applied for a residential exemption in any other city or town for the fiscal years to which this
application relates? _____ If so, give the name of the city or town and the address of the property to which the exemption
relates. _____

Signing this form under the penalties of perjury has the legal effect of swearing under oath to the truthfulness of the
information contained herein: All items on this form must be completed. In addition to other sanctions provided by law,
intentional misrepresentation of facts in this application may result in cancellation of this exemption.

SUBSCRIBED THIS _____ day of _____, _____ UNDER THE PENALTIES OF PERJURY.

Signature of Applicant: _____

Mailing Address: _____

THE FILING OF THIS APPLICATION DOES NOT STAY THE COLLECTION OF YOUR TAX.

(OVER)

APPLICATION FOR
RESIDENTIAL EXEMPTION
FROM REAL ESTATE ATX
CITY OF SOMERVILLE
THE COMMONWEALTH OF MASSACHUSETTS
(back page)

FOR ASSESSORS' RECORDS

Notice

Hearing

Sent ____ / ____ / ____ for hearing: ____ / ____ / ____ held: ____ / ____ / ____ with: _____

Exemption: _____ in previous year \$ _____ Page: _____ Line: _____

(ALLOWED OR DISALLOWED)

EXEMPTION DISALLOWED: _____

(REASON)

EXEMPTION ALLOWED

ON THE TOTAL

TO THE EXTENT OF \$ _____

VALUATION OF \$ _____

Under General Laws, Chapter 59, §. 5C

_____.

_____. BOARD OF ASSESSORS

Date: ____ / ____ / ____ _____ of the City of Somerville